

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-001802

Registration District No. 149 Primary Registration District No. 002 Registrar's No. 409

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION

|   |   |   |   |
|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kansas City</b>   |   | c. CITY OR TOWN <b>Kansas City</b>  |   |
| Length of stay in lb<br><b>45 years</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St Joseph Hospital</b>  |   | d. STREET ADDRESS (If outside, give location)<br><b>4928 Agnes</b>  |   |
| 3. NAME OF DECEASED<br>(Type or print) First <b>Ray</b> Middle <b>E.</b> Last <b>Quilliam</b>   |   | 4. DATE OF DEATH<br>Month <b>January</b> Day <b>19</b> Year <b>1963</b>   |   |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>Caucasian</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>   | 8. DATE OF BIRTH<br><b>8-15-1907</b>                                  |
| 9. AGE (last birthday)<br><b>55</b>   |   | 10. IF UNDER 1 YEAR<br>Months <b>55</b> Days <b>55</b> Hours <b>55</b> Min. <b>55</b>   |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Pressman</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Printing</b>  |   |
| 11. BIRTHPLACE (City and state or country)<br><b>DeSoto, Missouri</b>   |   | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>   |   |
| 13a. FATHER'S NAME<br><b>Lee Quilliam</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Nellie Cosby</b>  |   |
| 14. NAME OF HUSBAND OR WIFE<br><b>Agnes Quilliam</b>  |   | 15. ADDRESS<br><b>4928 Agnes</b>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |   | 16. SOCIAL SECURITY NO.<br><b>Agnes Quilliam Kansas City, Mo.</b>   |   |
| 17. INFORMANT<br><b>Agnes Quilliam</b>  |   | 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Hypertensive Heart Disease</b><br>INTERVAL BETWEEN ONSET AND DEATH <b>5 yr</b><br>DUE TO (b)<br>DUE TO (c)<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Rheumatic and coronary Heart Disease</b>  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |   |
| 20c. TIME OF INJURY<br>Hour <b>7:00</b> a.m. <b>p.m.</b> Month, Day, Year   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |   |   |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |   | 20f. CITY, TOWN, OR LOCATION<br>COUNTY STATE  |   |
| 21. I attended the deceased from <b>Dec. 26, 1962</b> to <b>Jan. 19, 1963</b> and last saw him alive on <b>Jan. 19, 1963</b><br>Death occurred at <b>7:00 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |   | 22a. SIGNATURE (Degree or title)<br><b>T. Reid Jones M.D.</b>   |   |
| 22b. ADDRESS<br><b>411 Nichols Rd</b>   |   | 22c. DATE SIGNED<br><b>1/21/63</b>  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>1-23-1963</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Floral Hills</b>   | 23d. LOCATION (City, town, or county)<br><b>Kansas City, Missouri</b> |
| 24. FUNERAL DIRECTOR<br><b>Floral Hills Funeral Home</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>1-22-63</b>  |   |
| 26. REGISTRAR'S SIGNATURE<br><b>Arthur Long</b>   |   |   |   |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

411 Macalester Rd  
St Paul, MN 55104  
7/1-7811  
7/1-6811

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed C. M. Jensen  
Licensed Embalmer No. 3453

P. O. Address H. C. Kane

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.